


<input checked="" type="checkbox"/> SUMMONS FOR WITNESS		DOCKET NUMBER [REDACTED]		Trial Court of Massachusetts District Court Department	
SESSION: XX CRIMINAL <input type="checkbox"/> JUVENILE <input type="checkbox"/> JURY <input type="checkbox"/> MAGISTRATE HEARING		NAME AND ADDRESS OF COURT DIVISION		YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN	
NAME, ADDRESS AND ZIP CODE OF DEFENDANT		Quincy District Court 1 Dennis Ryan Parkway Quincy, MA 02169 Presiding Justice: Hon. Mark S. Coven			
Commonwealth vs. [REDACTED]		DATE AND TIME OF APPEARANCE			
		7/11/2012 9:00am Jury Trial			
		DATE		TIME	
NAME, ADDRESS AND ZIP CODE OF WITNESS		OFFENSE(S)			
Jim Hanchett Amherst Drug Lab Room N251 Morrill I 637 North Pleasant Street Amherst, MA 01003		Dist. Class A, Dist. Class B, School Zone Violation Conspiracy.			
<p>TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:</p> <p>You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.</p> <p>NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.</p> <p>To the above named Witness:</p> <p>You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:</p> <p>Contact ADA Pat Bulmer with any questions. Requesting that you be on call and available if needed to testify. Please call (617) 769 6100 x 130 with any questions and to leave a good number to reach you. Many thanks...</p>					
WITNESS:		 Michael W. Morrissey, District Attorney		DATE OF ISSUE	
				May 8, 2017	
<p align="center">RETURN OF SERVICE</p> <p>I hereby certify that I served the within summons upon the above named Defendant Witness by</p> <p><input type="checkbox"/> Delivering a copy of it personally to the defendant or witness.</p> <p><input type="checkbox"/> Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein.</p> <p>XX Mailing a copy of it to the last known address of the defendant or witness.</p> <p><input type="checkbox"/> I received the summons on _____ but I was unable to make service</p> <p align="center">DATE RECEIVED</p> <p>because: _____</p>					
DATE OF SERVICE		SIGNATURE OF PERSON MAKING SERVICE		TITLE OF PERSON MAKING SERVICE	
6/26/2012		Patrick F. Bulmer		ADA	